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APPLICANTS
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**** CONTINUING DATA *******
 This application is a 371 of PCT/IL04/00238 03/11/2004 Yes HN

**** FOREIGN APPLICATIONS ******* No HN

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
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Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and /HIEN NGOC NGUYEN/ Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Examiner's Signature	<input type="checkbox"/> Met after Allowance HN Initials	STATE OR COUNTRY ISRAEL	SHEETS DRAWINGS 7	TOTAL CLAIMS 83	INDEPENDENT CLAIMS 3
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TITLE
 Cellulite ultrasound treatment

FILING FEE RECEIVED 1940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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